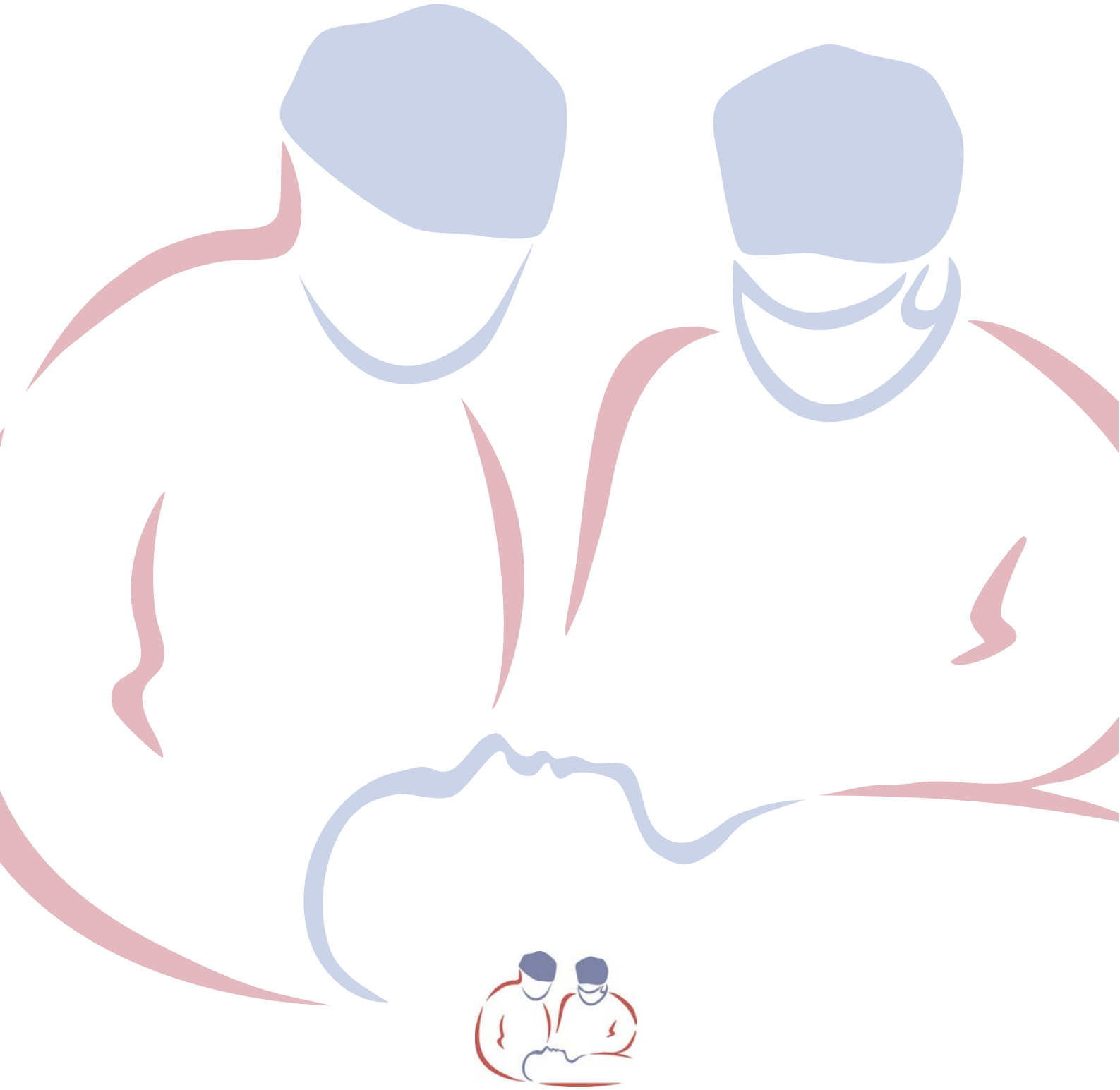
The Diploma in Higher Education in Operating Department Practice

Curriculum Document

May 2006



College of Operating Department Practitioners

Foreword

Following the feedback from the consultation, I am pleased to present the new Diploma in Higher Education in Operating Department Practice Curriculum Document for implementation in September 2007. This document reflects developments that have occurred since 2001 and the input from those who currently deliver the curriculum both in practice and academically. The 19 new competences within this document have been developed alongside other external reference points. However, the purpose of this document is to ensure that future practitioners are equipped with the skills needed for their practice at the point of registration and for future professional practice and development.

I would like to thank all those who participated in the development of the document and in particular Christopher Reay, Head of Operating Department Practice Division, University of Central England, Birmingham who lead the project. Other contributors have been listed on the CODP website www.codp.org.uk

Helen Booth, Director of Education

Contents

Glossary

Accountability – is the aspect of responsibility involving an explanation for events.

Benchmarks – A standard by which activity can be judged or measured.

Clinical Emergency – A serious clinical situation or occurrence that happens unexpectedly and demands immediate attention and treatment.

Interprofessional Education/Learning (IPE/L) –
Interprofessional education occurs when two or more professions learn with, from and about each other, in order to improve collaboration and the quality of practice.

Life Long Learning (LLL) – is the continuous process of learning and development, incorporating CPD, that must be followed throughout professional careers.

Patient Centred Care – Patient centred means taking into account the patient's desire for information and for sharing decision making and responding appropriately. The patient is the focus of professional action.

Quality Assurance Agency (QAA) – An independent body set up to safeguard and enhance the quality of provision and standard of awards in UK Higher Education Institutes. It reviews the quality of academic standards and of teaching and learning in each subject area, in both academic and clinical settings.

Reflective Practice – The process of analysing and evaluating perceptions, understanding and assumptions to develop new learning and understand its application to practice.

Standards of Education and Training – The Standards of Education and Training (SETs) are the standards against which the Health Professions Council (HPC) will assess whether a graduate from an educational programme will meet the HPC Standards of Proficiency.

Standard of Conduct, Performance and Ethics – This is a statement of standards which HPC registrants must read and agree to abide by in order to remain on the register.

Standards of Proficiency (SoP) – The HPC Standards of Proficiency are the standards which every registrant must meet in order to become registered, and must continue to meet in order to maintain their registration.

Student centred learning – Learning design that places an important emphasis on students taking responsibility for their own learning and being an active participant in those processes. Student attitudes and positive behaviours encourage mutual respect for others as partners in learning. There is diversity of approaches to facilitate student support and progression.

Student Code – CODP Student Code of Conduct.

Surgical Patient – Patient needing surgical intervention, including all those needing local, regional or general anaesthesia.

1. A historical context

In 1970, following decades of skill/staff shortages in the operating department, Lewin suggested a new role encompassing a multiskilled approach to staffing operating theatres.This role was entitled the Operating Department Assistant (ODA).This role built upon a long history of non-medical assistance in surgery. The title of the profession changed to become Operating Department Practitioner (ODP) in the early 1990s, reflecting the emerging autonomy within the role.

Since the 1970s specialised theatre education has moved from hospital based schools, using City & Guilds (for ODAs) and NVQ certification (for ODPs), to Higher Education Institutes (HEIs) offering Diploma of HE in ODP programmes. The evolution of education delivery has been driven by clinical need in response to skill mix issues, advances in medical technology and changing educational / professional priorities. The dynamic nature of care delivery and the requirements of clinical governance in the modern NHS necessitate reflective ODPs who need to develop a robust evidence base to inform their practice. Education in the HEI setting also promotes a team approach to learning, which reflects the nature of multiprofessional clinical practice.

A key aim of HE programmes must be to develop, alongside the profession specific skills, a reflective practitioner with an understanding of broad principles of healthcare which can in turn be applied in new and evolving roles.

In October 2004, operating department practice was the first additional profession to be included in the newly formed Health Professions Council (HPC), which is the overarching regulatory body for the allied health professions. Professional regulation has not been exempt from change and the powers of the Health Professions Council (HPC) are far more extensive than were those of the Boards at the former Council for Professions Supplementary to Medicine (CPSM). Within this framework there is continued emphasis on the use of occupational standards, benchmark statements, standards of proficiency and standards of education, training and continuing professional development (CPD). Collectively, the above standards inform the development of a practitioner who is fit for purpose, fit for practice and fit for award.

2. Clarity of roles within the curriculum

The role of the professional body is to:
- Be the learned society which has developed the body of knowledge
- Promote the profession
- Set professional practice standards
- Develop the curriculum framework
- Continue to develop the CPD framework for the profession

The role of the Health Professions Council is to:
- Act as the professional regulator and maintain the professional register
- Set and maintain standards for the approval of the programme, as identified in the Standards of Education and Training
- Ensure Fitness for Practice, as laid down in the Standards of Proficiency and the Standards of Conduct, Performance and Ethics.
- Monitors the maintenance of CPD activity to enable the practitioner to re-register.

The role of the Quality Assurance Agency is to:
- Safeguard the public interest in sound standards of higher education qualifications and to inform and encourage continuous improvement in the management of the quality of higher education.
- Review the quality of academic standards and of teaching and learning in each subject area, in both academic and clinical settings.

2.1 PROFESSIONAL BODY PERSPECTIVE

The CODP, as the professional body, published the current Curriculum Document (2001), following on from the original CODP Curriculum Framework Document – Focus on Professional Action (1999). The 1999 Framework was vital, as it set out the nature and extent of the professional Body of Knowledge, which provided the initial impetus for the development of HE programmes. The 2001 Curriculum Document provided further guidance on the educational standards and programme content for Dip HE Operating Department Practice awards.

The 2001 document predated the involvement of quality enhancement by QAA and the regulatory framework of the HPC in ODP education. The view of the professional body is that the curriculum document should be revisited in the context of

these changes, widening scope of practice and increased diversity. This revised curriculum document will inform and promote the preparation, skills and development of the profession in an attempt to enhance the significant contribution of ODPs to the process of care delivery.

The changes set out in this document seek to address the quality demanded of professional practice in the twenty first century. The pre registration programmes prepare Operating Department Practitioners to continue their learning beyond registration and to promote continuous improvement in care delivery. This is demonstrated by the diversity of the profession beyond qualification.

A key principle of this curriculum document is a greater emphasis on encouraging students to take responsibility for their own learning, reflecting the growing autonomy and accountability of the profession as an established part of healthcare and the peri-operative teams, enhancing the quality of care afforded to patients. It embraces the concepts of inter-professional education and working and is a framework that prepares ODPs for continuous education and professional development, recognising that fundamental core skills can be applied outside the traditional scope of practice of the operating department and in the development of advanced roles in different care settings.

This pre registration curriculum enables HEIs to plan the totality of the student learning experience in patient centred, educational programmes that enable eligibility for application to the HPC for statutory registration. The skills, competences and educational experience enable students to take advantage of a wide variety of career opportunities beyond registration. However, the individual practitioner must work within the requirements of the CODP Scope of Practice January 2006 following registration (see Appendix 1).

3. The Operating Department Practice Curriculum

3.1 EDUCATION PHILOSOPHY

Programme design and delivery should encourage students to be self-directed learners. There should be an emphasis on students acquiring appropriate learning strategies and becoming complex problem solvers, constructing their own knowledge, in order to become lifelong learners. Learning and teaching involves a partnership approach between the institution and the service provider in order to integrate theory with practice. Students will also develop as collaborative group learners, seeing knowledge from multiple perspectives and acknowledging different learning styles.

This will enable ODP students to translate the philosophy of care into practice and become safe, competent practitioners, working in multidisciplinary teams, accepting diverse roles and remaining aware of professional responsibilities. The development of clinical reasoning skills, practice evaluation and the critical analysis of research is integral to the implementation of evidence-based practice. Students will be encouraged to take responsibility for their own personal and professional development through self-awareness and identification of learning needs. This will be fostered by reflection and the internalisation of professional values. A system of Personal Development Planning is essential to engage and support the learner in developing these skills.

3.2 APPROACHES TO LEARNING AND TEACHING

The skills, processes and attitudes fundamental to operating department practice are learned from the acquisition, integration and application of skills and knowledge gained from the totality of the educational experience. The learning process, once initiated, can be developed in both the classroom and clinical settings, where progression from simple concept acquisition, to more complex clinical situations, is demonstrated both in terms of techniques and problem solving.

The assessment and delivery of care that ODPs provide should be the main focus of study. The body of knowledge has developed over a considerable period of time and is consistent with, and runs parallel to the developing professional role of the ODP. The nature of operating department practice suggests that the body of knowledge is not exclusive to the ODP. Other healthcare professions inevitably share core knowledge areas where the potential for inter-professional learning should be exploited. However, the value of this learning with others needs to be balanced with the specific requirements for the application of that learning in the context of operating department practice. The integration of profession specific and interprofessional learning is essential to ensure that the ODP can work effectively within the CODP Scope of Practice (see Appendix 1).

The introduction of different areas and types of knowledge should be timely and related to opportunities to use such knowledge in practice. The concept of theory encompasses the acquisition of knowledge in both the clinical, formal and informal teaching environments. The programme structure must reflect the importance of learning, both within clinical practice areas and also higher educational settings. Therefore, each programme must have a minimum of 3,000 defined hours with no less than 60% of these hours undertaken in clinical practice setting. All stakeholders involved in programme development should decide the exact percentage apportioned to practice learning. Recording of these hours will be required (see Section A).

Skills laboratories provide valuable opportunities for skills acquisition and rehearsal for students. However, they should be seen as complementary to practice experience gained in the peri-operative setting, not as a replacement. The programme must ensure that the student is able to develop skills and knowledge, based on a holistic approach to the patient's experience of healthcare. This should reflect areas of practice in which the ODP may be expected to function, not only in the main Operating Department in scheduled and non scheduled work across a range of surgical specialities, but also including endoscopy, medical imaging, surgical wards, accident and emergency, intensive care unit, and high dependency units.

The competing tensions of the operating department is both a focal point for increased service delivery and a learning environment, and means that flexible systems for clinical exposure will be needed. All key stakeholders have a role in developing opportunities, supporting, monitoring and auditing the quality of placement areas, and ensuring that adequate resources are available to support the expansion of practice experience. Student learning experiences therefore must be thoroughly planned, structured, managed and co-ordinated. For this to be implemented, it is essential that for Higher Education Institutes (HEIs) and practice placements to work collaboratively to ensure robust mechanisms for student support. This should include a ***clinical placement supervisor*** to co-ordinate mentors and liaise with the HEI, as well as sufficient mentors to be able to support and develop students in a range of practice setting.

The organisation and format of clinical placements should involve liaison between the clinical placement provider and the HEI, with consideration being given to the length of placements, enabling students sufficient time to achieve their learning outcomes. Placements would benefit from as few interruptions as possible in order to ensure continuity. Longer high quality placements, in a supportive environment will inevitably help students gain better practical skills.

The following clinical placement opportunities relate to core phases of operating department practice. The techniques, processes and modalities must be studied in sufficient depth to provide an appropriate basis for practice. Each clinical placement requires the integration of knowledge from across the curriculum. The clinical placement experiences will embrace a range of skills and knowledge, applied with an integrated approach and increasing degrees of complexity as the student progresses through the programme. Students will be expected to care for patients of varying social and cultural groups.

3.3 ANAESTHETIC PHASE

Students are required to apply evidence based clinical skills, to enable safe anaesthesia and promote the physical and psychological well being of individual patients. They will develop a range of anaesthetic skills across a broad spectrum of clinical specialities in order to facilitate optimum conditions for surgery, monitor and maintain vital functions and control physiological responses. The sequence of the programme must ensure that fundamental skills are developed before progress is made onto the more complex aspects of the practitioner's role. It is imperative that students have access to experience of shared airway anaesthesia, dual life situations and invasive monitoring. Students will also need to develop and transfer their skills to non-scheduled and emergency situations.

3.4 SURGICAL PHASE

The student is required to apply interpretative, problem solving and clinical reasoning skills in order to plan, prioritise, implement and evaluate the care needs of individual patients in the surgical phase. They will play a vital role in promoting the safety and dignity of the patient throughout this phase. The students will develop a breadth of surgical skills, which are transferable across a range of clinical specialities. In the scrubbed and non-scrubbed roles they will develop an understanding of complex and sophisticated equipment and techniques. They must also develop a thorough understanding of aseptic techniques, wound management and infection control. The sequence of the programme will ensure that fundamental skills are developed before progress is made onto the more complex aspects of the practitioner's role. Students will be expected to reach a level capable of dealing with major abdominal, dual life and laparoscopic surgery.

3.5 POST-ANAESTHETIC CARE PHASE

In the post-anaesthetic phase, students will develop skills in assessment and delivery of individualised care. Recognition and analysis of normal and abnormal physiological parameters is required and students will develop the skills to promote optimal physiological and psychological well being of individual patients.

The imperative in this phase is the close observation of patients and the development of professional judgment to identify the appropriateness of care interventions or referral. The assessment and management of pain is an integral part of the practitioner's role in this phase, which may require them to administer medication. They will also develop skills in monitoring fluid balance and wound care.

This phase is an ideal opportunity for students to enhance their interpersonal and communication skills. Care delivery must be documented accurately and practitioners will be involved in discharge decisions and organising the safe transfer of patients to other care settings.

4. Competences for the Dip HE in Operating Department Practice

4.1 INTRODUCTION

The competences and indicators fulfill the requirements for the Dip HE in ODP, the QAA Benchmark Statements and the HPC Standards of Proficiency. The format adopted enables Higher Education Institutes to explicitly map their programme outcomes to the above benchmarks.

4.2 ACADEMIC LEVEL AND PROGRESSION

Inherent within these competence statements and indicators is the acknowledgement that ODP students must be able to demonstrate a measure of progression that is indicative of the development in knowledge and understanding, as well as the acquisition of professional skills.

In order to initiate this process, the competence statements must be considered within the overall work done by Southern England Consortium for Credit Accumulation and Transfer SEEC (2002) on Credit Level Descriptors, which built on the work of Quality Assurance Agency (QAA) in developing generic level descriptors in the following areas:

- Development of Knowledge and Understanding
- Cognitive/Intellectual skills
- Key/Transferable skills
- Practical skills

It should be recognised that progression can be distinguished by the autonomy of the learner and the level of responsibility expected of the student. Moreover, programme planners should familiarise themselves with the generic level descriptors and ensure that students are given the opportunities to develop from academic level 4 to academic level 5, in alignment with the interpretation of content and application in the context of operating department practice.

4.3 OPERATING DEPARTMENT PRACTICE OUTCOME / COMPETENCE STATEMENTS

The Student Operating Department Practitioner must achieve the following competence statements in order to meet the requirements of the profession.

Professional Autonomy and Accountability

1. Demonstrates personal accountability for their own continuing professional development
2. Demonstrates personal and professional accountability in relation to the role of an Operating Department Practitioner
3. Supports and promotes clinical effectiveness by developing an evidence based approach to Operating Department Practice
4. Identifies and effectively manages risks and hazards associated with the patient and the peri-operative environment
5. Demonstrates and promotes professional, ethical and legal approaches to operating department practice
6. Demonstrates the ability to manage their own workload
7. Monitors, reflects on and evaluates the quality in operating department practice and contributes to the quality assurance process in the department

Professional Relationships

8. Utilises appropriate communication skills in order to promote clinically effective peri-operative patient care
9. Establishes and maintains effective professional relationships with patients, carers and members of the healthcare team
10. Promotes an interprofessional approach to practice

Operating Department Practice

11. Provides an optimum environment for the care and treatment of the peri-operative patient
12. Identifies and assesses individual needs of patients
13. Plans and delivers evidence based, individualised care to patients
14. Evaluates and reflects on care provided and own professional actions
15. Applies knowledge of pharmacology within operating department practice
16. Demonstrates competence in the use of medical devices integral to the care of peri-operative patients
17. Demonstrates competence in the Anaesthetic ODP role
18. Demonstrates competence in the Surgical ODP role
19. Demonstrates competence in the Post Anaesthetic Care ODP role

4.4 OPERATING DEPARTMENT PRACTICE OUTCOMES / COMPETENCES AND INDICATORS

A. PROFESSIONAL AUTONOMY AND ACCOUNTABILITY

1. Demonstrates personal accountability for their own continuing professional development
1.1. Recognises own limitations in relation to professional practice
1.2. Demonstrates personal accountability for ensuring own clinical competence
1.3. Develops a personal development plan
1.4. Maintains a portfolio of professional learning
1.5. Utilises appropriate personal and professional development resources
1.6. Demonstrates commitment to professional development to enhance competence to practice.
1.7. Identifies own development needs
1.8. Uses reflection on and in practice, to appraise and evaluate, the effectiveness of care
1.9. Embraces the concept of lifelong learning, developing new skills and knowledge relevant to changing technology, practice and patterns of healthcare

2. Demonstrates personal and professional accountability in relation to the role of an Operating Department Practitioner
2.1 Demonstrates an awareness of, and practice according to, Health and Safety policy
2.2 Implements protocols to ensure the safety and well being of patients and staff
2.3 Uses equipment appropriately and effectively to reduce risk of harm
2.4 Develops an evidence based approach to practice which minimises the risk of harm to patients and operating theatre users
2.5 Understands the need to maintain confidentiality of information
2.6 Accepts responsibility and promotes accountability, whilst simultaneously acknowledging the limitations of their professional competence

3. Supports and promotes clinical effectiveness by developing an evidence based approach to Operating Department Practice
3.1 Shows evidence of research awareness
3.2 Contributes to the development of an evidence based approach to clinical practice
3.3 Understands and critically evaluates new ideas in order to support new ways of working

4. Identifies and effectively manages risks and hazards associated with the patient and the perioperative environment
4.1 Understands and applies the principles, issues and factors associated with risk management in the care setting
4.2 Demonstrates the safe management of clinical, non-clinical waste in accordance with national and local guidelines
4.3 Evaluates risks to the patient, staff and others
4.4 Monitors and maintains health, safety and security in the workplace
4.5 Understands and contributes to clinical governance and the process of risk management and audit
4.6 Understands and demonstrates the process and procedure for accurate critical incident reporting
4.7 Creates and maintains environments, which promote the health, safety and well being of patients, carers and staff

5. Demonstrates and promotes professional, ethical and legal approaches to operating department practice
5.1 Ensures peri-operative documentation and follows recommended national and local directives
5.2 Maintains confidentiality related to the care setting
5.3 Understands and complies with legislative frameworks and organisational policy
5.4 Understands how the statutory regulatory body standards relate to their practice.
5.5 Adheres to the professional codes of practice and conduct for Operating Department Practitioners
5.6 Understands the legal responsibilities and ethical considerations of professional practice
5.7 Appreciates the significance of professional self-regulation
5.8 Demonstrates an awareness of moral and ethical dilemmas in healthcare and how these may be resolved.
5.9 Respects and cares for patients to promote and maintain their dignity and rights
5.10 Promotes a non-discriminatory approach to practice.

6. Demonstrates the ability to manage their own workload
6.1 Shows awareness of, and applies, management techniques in peri-operative teamwork
6.2 Demonstrates an ability to respond to a changing environment
6.3 Develops confidence, skills and techniques in the management of people and resources
6.4 Makes effective clinical decisions relating to care provided to the patient
6.5 Develops autonomy in own role within personal sphere of responsibility

6.6 Establishes external professional networks and relationships
6.7 Plans for the possible variations in available resources
6.8 Identifies and manages disagreements and challenging behaviours
6.9 Demonstrates the capability to act autonomously and collaboratively, within multiprofessional care teams
6.10 Manages and prioritises own workload effectively and, where appropriate, that of others

7. Monitors, reflects on and evaluates the quality in operating department practice and contributes to the quality assurance process in the department
7.1 Utilises knowledge of quality assurance mechanisms in order to monitor and enhance the quality of practice
7.2 Recognises the importance of quality and audit processes
7.3 Participates in the collection and interpretation of clinical data
7.4 Understands the process of clinical audit

B. PROFESSIONAL RELATIONSHIPS

8. Utilises appropriate communication skills in order to promote clinically effective peri-operative patient care
8.1 Understands and applies principles of good communication
8.2 Communicates relevant information to the appropriate member of the peri-operative team
8.3 Informs patients and colleagues by providing accurate and concise verbal or written information related to the care and treatment of the peri-operative patient
8.4 Maintains effective formal and informal channels of communication within and outside the peri-operative team
8.5 Uses word processing software
8.6 Accesses research and literature databases
8.7 Uses electronic information resources
8.8 Uses the appropriate patient information systems (electronic where available)
8.9 Demonstrates the effective use of peri-operative records
8.10 Understands the delivery of healthcare within the UK and structure and responsibilities of healthcare organisations
8.11 Understands the role of external agencies in directing and influencing clinical practice

9. Establishes and maintains effective professional relationships with patients, carers and the members of the healthcare team
9.1 Maintains relationships through the use of appropriate communication and interpersonal skills
9.2 Uses interpersonal skills to optimise patient and professional relationships
9.3 Communicates with patients and carers about the peri-operative experience
9.4 Uses verbal and non-verbal communication skills to develop a rapport with patients and carers
9.5 Identifies anxiety and stress in patients, carers and others, and acts appropriately

10. Promotes an interprofessional approach to practice
10.1 Participates effectively in multidisciplinary approaches to healthcare, in a range of clinical settings
10.2 Demonstrates the principles of effective team working
10.3 Works with professional and support staff, delegating care where appropriate
10.4 Promotes the ODP role within multiprofessional care teams
10.5 Reflects on current knowledge and collaborates with the multiprofessional team to improve care provision

C. OPERATING DEPARTMENT PRACTICE

11. Provides an optimum environment for the care and treatment of the peri-operative patient
11. Provides an optimum environment for the care and treatment of the peri-operative patient
11.1 Considers environmental and resource factors to meet identified health needs
11.2 Complies with local, national and European directives in relation to decontamination, tracking and traceability of medical devices
11.3 Demonstrates skill in selecting appropriate clothing and equipment for specific procedures
11.4 Demonstrates the ability to manage the progress of the operating list
11.5 Complies with, and promotes measures designed to control infection
11.6 Understands the principles underpinning the design of operating departments and related areas
11.7 Understands and applies the principles of asepsis and aseptic technique
11.8 Understands the sources, transmission routes and methods of destruction of pathological organisms
11.9 Understands the investigations associated with, and the processing of, clinical specimens

12. Identifies and assesses individual needs of patients

12.1 Assesses systematically the individual patient's needs in elective and emergency situations, where appropriate in collaboration with the patient.
12.2 Recognises treatments and or investigations that may be required and considers alternatives (including complementary therapies where appropriate)
12.3 Understands disease and trauma processes to enable appropriate planning of the patient's perioperative care
12.4 Understands best practice in the promotion of people's rights and responsibilities
12.5 Demonstrates the ability to elicit relevant information from a variety of sources
12.6 Uses appropriate assessment tools to gather clinical and other data
12.7 Understands normal and altered human anatomy and physiology across the life span
12.8 Understands the relationship of the social and psychological sciences to the principles of individualised patient care
12.9 Understands the Operating Department Practitioner's role in problem solving and clinical decision making

13. Plans and delivers evidence based, individualised care to patients

13.1 Performs clinical skills in a competent, safe and timely manner
13.2 Applies professional knowledge and judgement to the continuing assessment of patient needs in order to prioritise actions
13.3 Involves patients, family, carers and other healthcare professionals in the formulation of plans of care, where possible or appropriate
13.4 Applies knowledge of wound management techniques
13.5 Contributes to the management of pain relief for peri-operative patients
13.6 Administers appropriate medication, according to policies and protocols
13.7 Positions patients safely and effectively for a range of procedures and situations
13.8 Uses techniques to prevent nerve damage and to promote optimum tissue perfusion
13.9 Identifies changes in patients' condition and initiates appropriate action to restore homoeostasis
13.10 Recognises the need for and is able to initiate appropriate management of clinical emergencies
13.11 Utilises knowledge of applied anatomy and physiology during clinical procedures
13.12 Recognises and make appropriate responses to physiological and emotional changes in patients

14. Evaluates and reflects on care provided and own professional actions

14.1 Justifies practices and clinical judgments to be consistent with the best available evidence
14.2 Uses an evidence-based approach to inform practice and enhance the quality of care for patients
14.3 Recognises and make appropriate responses to situations in which quality of care might be compromised

15.Applies knowledge of pharmacology within operating department practice

15.1 Adheres to local and national guidelines relating to pharmacology
15.2 Understands how to store, issue and prepare prescribed drugs and fluids to patients
15.3 Administer and monitor the effects of prescribed drugs / fluids on patients
15.4 Understands the range of drugs, fluids and agents, including actions, side effects and contraindications, used within operating department practice
15.5 Understands and carries out drug calculations and physical measurements

16. Demonstrates competence in the use of medical devices integral to the care of peri-operative patients

16.1 Understands the protocols relating to the introduction and use of medical devices, for example:
16.1.1 Legislation and professional guidance
16.1.2 The role of manufacturers and their resources in training and education
16.2 Interprets and records specific parameters of physiological monitoring
16.3 Selects, prepares and, where necessary, calibrates and uses a variety of medical equipment and items (this must include invasive monitoring)
16.4 Uses all medical equipment and items safely in accordance with regulations, local policies and manufacturers recommendations

17. Demonstrates competence in the Anaesthetic ODP role

17.1 Utilises an evidence based approach to the care of the patient undergoing anaesthesia
17.2 Prepares and maintains a safe environment, acknowledging and implementing risk assessment strategies specific to anaesthesia
17.3 Promotes the wellbeing of the patient throughout the anaesthetic phase
17.4 Understands and implements local and national guidelines for anaesthetic care
17.5 Identifies, receives, transfers and positions patients for clinical procedures
17.6 Prepares the patient for anaesthetic procedures
17.7 Prepares and utilises anaesthetic equipment in accordance with national and local guidelines
17.8 Demonstrates safe and skilled support for the anaesthetist

17.9 Understands the need for and applies the practice of airway management techniques during the anaesthetic phase
17.10 Monitors and assesses the patient's vital signs, using both invasive and non-invasive techniques
17.11 Demonstrates the safe preparation of intravenous fluids (including blood products) and associated equipment, in accordance with national and local guidelines
17.12 Recognises and responds appropriately to the development of specific adverse anaesthetic conditions or emergencies
17.13 Develops clinical skills in line with the role of the anaesthetic ODP
17.14 Manages and records information relating to the care of the patient

18. Demonstrates competence in the Surgical ODP role
18.1 Utilises an evidence based approach to the care of the patient undergoing surgery
18.2 Prepares and maintains a safe environment, acknowledging and implementing risk assessment strategies specific to surgery
18.3 Promotes the wellbeing of the patient throughout the surgical phase
18.4 Prepares the patient for surgical procedures
18.5 Establishes and maintains integrity of sterile fields
18.6 Maintains accurate status of identified accountable items
18.7 Prepares and utilises surgical equipment and medical devices in accordance with national and local guidelines
18.8 Demonstrates safe and skilled support for the surgeon and works effectively as part of the peri-operative team during operative procedures
18.9 Understands and implements local and national guidelines for surgical care
18.10 Recognises and responds appropriately to the development of specific adverse surgical conditions or emergencies
18.11 Develops clinical skills in line with the role of the scrub and circulating ODP
18.12 Manages and records information relating to the care of the patient

19. Demonstrates competence in the Post Anaesthetic Care ODP role
19.1 Utilises an evidence based approach to the post anaesthetic care of the patient
19.2 Prepares and maintains a safe environment, acknowledging and implementing risk assessment strategies specific to post anaesthetic care
19.3 Prepares and utilises post anaesthetic care equipment in accordance with national and local guidelines
19.4 Receives, positions and undertakes initial post anaesthetic assessment of patients
19.5 Promotes the wellbeing of the patient throughout the post anaesthetic phase
19.6 Demonstrates competence in airway management of the post anaesthetic patient
19.7 Monitors and assesses the patient's vital signs, using both invasive and non-invasive techniques
19.8 Monitors and assesses the patient's fluid balance, in accordance with national and local guidelines
19.9 Monitors and assesses the patient's pain status, administering pain relief, as appropriate, in accordance with national and local guidelines
19.10 Monitors the effects of prescribed medication and take appropriate action where necessary, in accordance with national and local guidelines
19.11 Monitors and assesses the patient's wound management.
19.12 Recognises and responds appropriately to the development of specific adverse post anaesthetic conditions or emergencies
19.13 Understands and implements local and national guidelines for post anaesthetic care
19.14 Demonstrates an understanding of critical illness assessment
19.15 Applies specified discharge criteria prior to discharging the patient to the care of an appropriate healthcare professional
19.16 Manages and records information relating to the care of the patient

5. Assessment of Learning

The interrelationship of theory and practice remains an integral component of the assessment process. Assessment should offer students the opportunity to engage in activities that provide a focus for personal research, reading, analysis and application of ideas to practice. This learning provides scope for development of skills of discrimination, judgment and presentation. The certification of achievement, or benchmark of progress and development, is a direct measurement of competence and abilities. This is of concern not only to the student but also the employer.

5.1 ASSESSMENT OF STUDENT ACHIEVEMENT

Students will demonstrate achievement of programme learning outcomes by the development and maintenance of an individual progress file.

The progress file comprises two sections:

- A transcript providing a record of the student's learning and achievement which is provided by the higher education institute
- Personal Development Plans (PDPs) compiled by the student at each key stage of their programme to "review, plan and take responsibility for their own learning".

Students will undertake practice and academic assessment to demonstrate their achievement. The relationship between theory and practice will remain the central tenet of this process. The assessment process requires the student to demonstrate the achievement of specific learning outcomes and competences. Evidence of this can be derived from a variety of sources:

- Observation of clinical practice, coupled with models of reflective thinking to measure the process of reflective learning, will allow students to demonstrate their achievement of clinical competence by reflecting on and in clinical practice
- The acquisition of knowledge and understanding can, and should, be demonstrated in a variety of ways such as written work, case studies, critical analyses or seminar presentations. This is not intended to be an exhaustive list
- The production of PDPs will be a key feature of the process, allowing students to initiate the assessment process based on their individual needs. The planning process will enable students to identify their strengths and weaknesses at key points in their programme, against the specific learning outcomes for their programme. This process will also reinforce the reflective approach taken to learning as students demonstrate their development over a specified period of time.

5.2 MENTOR ROLE

Mentors will be expected to work in accordance with CODP Mentor and Practice Educator Standards (May 2006).

5.3 CONCLUSION

The role of practice in professional education and the integration of theory and practice are explicit, and form a central core to the philosophy of this curriculum. The reflective learning strategies integral to this curriculum enable the student to become a knowledgeable and critical thinking practitioner.

6. Programme Management and Resources

6.1 PROGRAMME RESOURCES IN THE UNIVERSITY AND PRACTICE

In order to support learners and maximise the learning potential a range of resources should be provided beyond that of basic library facilities. Electronic resources can provide access to a wide range of information on best practice, applied research, exploration of clinical scenarios and innovative ways to promote learning.

The use of Clinical Skills labs (CSL) and Simulation Centres (SC) can provide an effective, safe learning environment and should be used wherever possible. Assessment within these areas has its limitations, but is invaluable for activities such as CPR and clinical emergencies. However, the CSL/SC should not be used in preference to real time clinical assessment activity.

These learning resources are valuable to support the learner but appropriately trained educators and trainers, both in practice and the university, are paramount. To support Institutes the Professional Body recommends that the student/staff ratio be identified as 12 to 1 of appropriately qualified staff. The rationale for this is so that the student can be afforded the required support in a programme that is time limited in achieving the requirements of this professional group. This includes meeting the needs of individual students, maintaining effective personal tutorial support and guiding the development of Personal Development Portfolios. It is also essential that academic staff develop and maintain expertise of their sphere of teaching practice, including how the theory is applied to practice.

The quality of the practice placements depends on many factors, which are all addressed by the QAA monitoring processes. In addition, the quality of support given to learners depends predominately on the mentors.

All those supporting the learner should as good practice have the following skills and knowledge:

- Through understanding of the learning programme
- Know how to support learning in practice
- Clinical Skills relevant to the focus of learning
- Demonstrate reflection in and on practice
- Understand diversity in practice
- Promote the use of reliable assessment in practice
- Promote the interprofessional approach to learning

Students must be supervised at all times by a suitably qualified practitioner. Those acting in the role of mentor or practice supervisor are responsible for the quality of practice learning and must have undertaken formal preparation and also update their skills at least every two years. A system must be in place to enable students to evidence their achievement of practice based outcomes and an appropriately qualified mentor must undertake summative assessment of these outcomes.

Mentor standards are set out in the CODP standards document; Transitional Framework for Mentors Supporting Learners in Practice and Standards for the Selection and Preparation of Mentors for Pre-registration Diploma of Higher Education in Operating Department Practice.

6.2 PROGRAMME LEADS

There should be a registered ODP as the programme lead, however in exceptional circumstances a named Registered ODP must be on the management team leading the programme. The programme lead must also be a member of the professional body educational network (CUE Forum). The rationale for these requirements is to ensure that the person guiding the programme is aware of current and proposed developments and changes in practice within the profession and provide a role model for emerging practitioners.

6.3 ENTRY REQUIREMENTS

The entry requirements are set at 160 accumulative UCAS points or equivalent for those entering aged 18–21. Mature applicants (21 years and over) may be given recognition for any relevant experience, skills and knowledge, or enter with alternative qualifications. Mature applicants do need to demonstrate that they could cope with study at the appropriate academic levels.

All applicants should also possess demonstrable personal qualities including; communication skills, motivation and an informed commitment to the profession.

They should also demonstrate evidence of a good command of written and spoken English; complete and gain clearance on an enhanced Criminal Records Bureau check and meet Occupational Health requirements.

6.3.1 Widening access

There is a need to increase and widen participation, especially with current healthcare staff who wishes to access formal education and training. Many Institutions have developed local initiatives in collaboration with key stakeholders and these should be utilised wherever possible. This need to be made relevant to programme the student is accessing, including skills that complement and support academic study. Experience in the operating theatre environment is not essential but is often an advantage.

6.4 RECORDING OF LEARNING HOURS

It is a requirement to record the actual learning hours during the student's programme of learning. This is intended to create a robust quality system to ensure equitable approaches to the professional requirements. A student sample recording form can be found in section A of this document and guidance for completion is provided.

6.5 ACCREDITATION OF PRIOR LEARNING

The approach to Accreditation of Prior Experience and Learning (APEL) is embedded in Higher Education Institutes. In the context of professional preparation it is a more complex process because the end result gives access to professional registration and a scope of practice where the protecting the patient is paramount. Prior experience is valuable but unless this can be measured and mapped against the competences on a match for match basis, including the hours allocated to those outcomes, it cannot be validated. Clear documented evidence would need to be provided.

Prior learning that has taken place at the same level, in the same context and meets the outcomes in full, including the hours allocated, can be used. This would need to be validated by the programme lead as being acceptable.

The philosophy of the curriculum document, with its integration of theory and practice developed within the modules/units of the curriculum has made the APEL process difficult. Where interprofessional learning or education is used within an Institute the context of the learning and its application must be given serious consideration when learners wish to transfer to other programmes. The concept of interprofessional education and training is welcomed and has many benefits but the knowledge application must be aligned to the appropriate practical context and recorded within the identified learning hours.

6.6 TITLE OF AWARDS

Programmes that gain approval must have the title 'Diploma HE in Operating Department Practice', to comply with the application for registration with the Health Professions Council. No interim award of 'Certificate of Operating Department Practice' should be permitted as this may lead to confusion around the requirements for registration and employment. The rationale for protecting the title and access to registration with the HPC is to ensure there is no risk of misunderstanding thereby protecting the patient.

6.7 PART-TIME PROGRAMMES

Due to widening access and participation HEIs need to look at the local economy and how best they can attract future health professionals. In the main, many programmes are within a two year duration and may not lend themselves to adaptation to part time learners under these requirements. A separate pathway needs to be developed, complying with the professional body requirements. Any Institution wishing to explore this option is recommended to consult the Professional Body to seek further guidance.

Appendix 1

THE SCOPE OF PRACTICE FOR REGISTERED OPERATING DEPARTMENT PRACTITIONERS

Guidance on the Scope of Practice for Registered Operating Department Practitioners (ODPs) should enable individual practitioners to understand the limits of their own function and role within the overall Scope of Practice for the profession. By utilising the Scope of Practice the ODP will be able to identify and demonstrate their level of competence and to express clearly the limits of that competence on an individual practitioner basis. Based on the evaluation of their abilities against the accepted professional scope of practice, the ODP is then able to identify and priorities their own learning needs.

This guidance sets out a number of key concepts that should assist the practitioner in understanding the ODP's Scope of Practice. Therefore it is necessary to:

- Broadly define the Scope of Practice for the profession
- Establish principles that define an individual's Scope of Practice within the framework of the overall professional scope
- Explore factors that may govern the current limits of practice or seek to broaden those limits through legitimate development of extension to the Scope of Practice

1.1 FOR THE PROFESSION:

Operating Department Practitioners (ODPs) concerned with the maintenance and restoration of physical and psychological status of the surgical patient at all levels of dependency through the assessment, planning and delivery of individualized care.

The CODP recognises that the professional scope of practice encompasses a range of services that its registrants provide, as far as they are competent and able to do so. Competence is taken to mean the knowledge, professional and personal skills, and understanding that an ODP demonstrates in carrying out their role. Therefore, the competence of the ODP is limited to those functions for which the practitioner is educated and trained to provide. In the case of delegation of activities, the ODP remains accountable for any decisions taken and should be satisfied that those who fulfill any delegated task are competent to do so. In the case of students or learners it is necessary for the ODP to provide adequate supervision at all times.

1.2 CORE SKILL AREAS

In recognising the Scope of Practice for the profession it is important to recognise that a clearly identified knowledge base exists. This is then applied in practice by the ODP. Although these core principles are embedded within distinct education principles and procedures, it is becoming increasingly difficult to establish rigid knowledge and role boundaries within the current context of modern healthcare. However, throughout the constant developments and changes in healthcare, operating department practice has always maintained its links to three core skill areas, which further help to identify the profession's Scope of Practice:

- Surgical phase
- Anaesthetic phase
- Post-anaesthetic care phase

In further identifying these core skill areas it is useful to offer the following guidance as to the activities that are expected to form part of the CODP scope of practice for ODPs.

1.2.1 Surgical Phase

The ODP plays a vital role in the surgical team, mainly in providing continuing care of the patient through the promotion, implementation and evaluation of the patient's safety and dignity during the entire surgical phase. In order to fulfill his/her professional responsibility to the patient, the ODP is expected to apply a thorough understanding of the principles of aseptic technique, wound management and infection control, as well as an understanding of a range of core skills areas. This should ensure best practice and optimum care of the patient.

An extensive knowledge of the surgical procedure, related anatomy, and potential complications must be evident in the ODP's anticipation of developing surgical needs. In the scrubbed and non-scrubbed role the ODP needs to demonstrate an understanding of complex and sophisticated equipment alongside a high degree of manual dexterity. The planning and allocation of departmental resources and responsibilities requires the ODP to utilise communication and management skills throughout anaesthetic, surgical and post anaesthesia phases. In doing so the ODP must also be fully aware of any legal and ethical considerations likely to impact upon the care of the patient.

1.2.2 Anaesthetic Phase

The ODP's primary function is to promote the well-being of the patient throughout the entire anaesthetic phase. This is realised through the application of evidence-based practice and critical thinking. In addition, the ODP will need to adopt a

reflective approach that will inform and enable care in the anaesthetic phase. The application of a range of professional and personal skills is apparent within the dynamics and function of the anaesthesia team. Specific skills and abilities must be demonstrated in the safe preparation of the environment, through the application of Health and Safety legislation and standard precautions. Such skills are further evident in the selection and preparation of complex medical devices, according to individual patient requirements. This includes undertaking vital signs monitoring, supporting the patient's cardiovascular requirements and securing and supporting the patient's airway and respiration.

The ODP will demonstrate their clinical responsibility in a range of anaesthetic-related interventions through the induction, maintenance and reversal of anaesthesia.

1.2.3 Post-anaesthetic care

As part of the post-anaesthesia care team the ODP receives the patient and applies professional knowledge and experience in the assessment and delivery of individualised care. In order to achieve this, the ODP applies an extensive understanding of normal and altered physiology. It will be necessary for the ODP to closely observe the patient's condition during this period and exercise their professional judgment as to whether any change warrants appropriate action. This may include psychological support, the instigation of further interventions and referral or care.

An integral part of the ODP's responsibility in the post-anaesthesia care phase is the assessment and management of pain, which may include the administration of analgesia. Following the evaluation of the patient's condition and care delivered, the ODP will participate in the discharge decision making process. As in the anaesthetic and surgical phases, the ODP will continue to accurately document all care delivered through to handing over the care of the patient to other professionals. The ODP's communication and interpersonal skills will be evident throughout this and other phases.

1.3 RELATING THE HEALTH PROFESSIONS COUNCIL STANDARDS OF PERFORMANCE, CONDUCT AND ETHICS TO THE SCOPE OF PRACTICE

In establishing the core professional skill areas, the CODP Scope of Practice and the individual ODP must recognise and be guided by the HPC Standards of Performance, Conduct and Ethics. In fulfilling their role ODPs must ensure that they:

- carry out all roles and responsibilities in such a way as to promote and protect the rights and health of the patient
- maintain the confidentiality of information related to the delivery of the patient
- maintain currency of knowledge and practice in line with HPC Continual Professional Development (CPD) which can be recorded in using the professional body's (CODP) CPD electronic tool, policy and guidance
- let no act or omission on their part risk the care afforded to patients
- recognise the contribution of the members of the multidisciplinary team involved in the provision of patient care
- acknowledge any limitations in their knowledge and competence and never undertake any roles or responsibilities unless able to perform them in a safe and skilled manner
- recognise their responsibilities in delegating duties and tasks
- support the development of colleagues' competence in accordance with their needs and in the context of the Operating Department Practitioner's knowledge
- avoid the use of their professional qualifications to be associated with the promotion of commercial products, thereby compromising the impartiality of professional judgment on which the patients rely
- inform the appropriate person or authority of any conscientious objections which may be relevant to professional practice
- decline offers of gifts, favours or hospitality which might be seen as an attempt to obtain preferential consideration
- report to the appropriate authorities any incidences or instances of irregular or unsafe practice

In this way the Operating Department Practitioner can utilise the Scope of Practice to:
I. review and evaluate practice against the three cores professional skills areas.
II. review and evaluate knowledge against the three cores professional skills areas.
III. establish that an area of practice, incorporating a skill, or range of skills are also used by other ODPs. This "established body of opinion" may be found within a significant selection of members who have a special interest or expertise. However, any practice should be evidence based and have been found through evaluation, to positively contribute to the care of the patient.
IV. Ensure that in carrying out their role the ODP remains accountable to the HPC Standards of Performance, Conduct and Ethics.

2. SCOPE OF PRACTICE

2.1 ESTABLISHING THE PRACTITIONER'S INDIVIDUAL SCOPE OF PRACTICE

The information in section 1 outlines a range of principles that define the overall Scope of Practice by which the ODP should abide. However, the professional body (CODP) recognises that an ODP will practise within their individual Scope of Practice and will have been influenced by, and should take account of:

- the clinical speciality and the environment they are conducting their role in
- the patient group across the life span
- the sector – NHS or Independent sector, Management, Education

In doing so it is necessary to adopt a patient-centred approach to his/her Scope of Practice in which the core value of respect is demonstrated throughout all healthcare interventions.

2.2 SELF ASSESSMENT

In reaching an understanding of their individual Scope of Practice, the ODP will need to consider the following questions. Consideration of these questions will enable the ODP to arrive at a sensible course of action in the care of the patient.

- Do I consider that I am participating in a reasonable and justifiable course of treatment or intervention? and
- Am I aware of, and have considered, any evidenced-based practice?
- In order to participate competently in the care of the patient, do I have the necessary knowledge, skills and experience?
- Am I able to demonstrate professional development and fitness for practice, in line with the CODP's guidance for Continuing Professional Development?

By doing this the ODP will recognise their own scope of practice, as well as showing an awareness of the overall professional scope of practice.

2.3 INNOVATION IN PRACTICE

In the current professional climate innovation in practice is constantly emerging and consideration of new ways of working are the norm within the healthcare arena. In many ways, this level of innovation is a vital and necessary development of the profession. This development will naturally include a range of skills, which stem from the traditional core skills areas and may be transferable to other critical and specialist care areas of patient care. It is therefore common to find ODPs providing skilled services in these and other emerging patient services. Where this development may be seen to extend beyond the boundaries of the current professional scope of practice, it may be brought legitimately into an individual's scope of practice. However, the following issues would need to be considered.

3. EXTENDING THE SCOPE OF PRACTICE

I. Any new role development must ensure that current service provision is maintained. In carrying out new roles would this affect the current level of service provision? Are there sufficient resources to fund the new role where additional education and training are required?

II. Are the patients aware that they may be receiving care that would normally be carried out by another healthcare professional?

III. Is there support from employers who are willing to formally recognise the extension of practice and to include this within the ODP's job description? This should be further covered by the development of appropriate protocols and guidelines which demonstrate the recognition of these roles at the highest level of management within the organisation (in accordance with Clinical Governance).

IV.Does the RODP have the necessary experience, training and ability to be competent within the role extension?

Additional Guidance Notes

FOR THOSE WHOSE PRACTICE IS LIMITED TO SURGERY:

- the above functions are carried out in both the scrubbed and non-scrubbed roles
- practitioners may also provide support for patients undergoing clinical procedures in diverse environments such as obstetrics, medical imaging departments, ICU, HDU, A & E, or other critical and specialist care areas
- whilst a practitioner can be expected to routinely obtain anaesthetic and related drugs for the surgeon (or anaesthetist) their involvement in the safe custody, control and conveyance of controlled drugs is a matter for local policy. An employer must be satisfied that the individual is aware of, and can comply with local and national regulations in this area. A policy covering the safe custody, control and conveyance of controlled drugs by ODPs must be available. A practitioner will then be expected to comply with the local policy.

FOR THOSE WHOSE PRACTICE IS LIMITED TO ANAESTHETICS:

- whilst a registrant can be expected to routinely obtain anaesthetic and related drugs for the anaesthetist (or surgeon) their involvement in the safe custody, control and conveyance of controlled drugs is a matter for local policy. An employer must be satisfied that the individual is aware of, and can comply with local and national regulations in this area. A policy covering the safe custody, control and conveyance of controlled drugs by ODPs must be available.

HANDLING CONTROLLED DRUGS

- the Misuse of Drugs Regulations Act 2001 authorises doctors, pharmacists and certain other (statutorily regulated) health professionals to order, supply, possess, prescribe or administer controlled drugs in the practice of their professions. It does not authorise Operating Department Practitioners to order, supply or possess controlled drugs.However, the 2001 Regulations also authorise any person who is engaged in conveying a controlled drug to have that drug in his possession, provided that the person to whom they are conveying and supplying it may lawfully have that drug in their possession.

An ODP is therefore authorised to convey a controlled drug to a doctor, a registered nurse, or a patient for whom the drug has been prescribed.

- under the 2001 regulations, the responsibility for the ordering, possession, safe custody and supply of controlled drugs in hospital wards and departments rests with the sister or acting sister in charge of the ward or department. To ensure controlled goods are readily available when needed, the sister or acting sister in charge may delegate control of access to another registered nurse, medical practitioner or an Operating Department Practitioner. This access should be strictly controlled in practice and set out in a locally agreed written policy. A registered nurse or an ODP may only remove controlled drugs from a controlled drug cabinet and return them to the cabinet on the specific authority of either the sister or a medical practitioner. However, responsibility for the requisitioning, possession, safe custody and supply of controlled drugs remains with the most senior registered nurse on duty in the department, even if the nurse decides to allow access by others.

- in relation to the administration of controlled drugs, the 2001 Regulations dictate that any person other than a doctor may administer to a patient, in accordance with the directions of a doctor, any drug specified in Schedule 2,3, or 4. An ODP may therefore administer a controlled drug to a patient in accordance with the directions of a doctor. The 2001 regulations also provide that any person may administer to a patient any drug specified in Schedule 5. ODPs, in common with other staff handling or administering medicines, should be properly trained and competent to do so. The above regulations will be subject to change following the implementation of Statutory Regulation for ODPs. Further guidance will be circulated at the time.

Section A

- Completion on the programme returned to CODP
- Transferring to another institute – cc copy to CODP
- Student leaves the programme

The recording of practice hours on this format/ with this detail:

Institute name and number .....

Student Name .....

Student registration number .....

	Programme Hours			Actual student Hours		
	Yr1	Yr2	Yr3	Yr1	Yr2	Yr3
University						
Practice						
Other						
Total						

All sickness must be made up within the practice placement environment. Any interruptions and return to the programme must be within a reasonable timescale and this is left to the discretion of the programme lead. All details need to be recorded and documented accurately.

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References are available in PDF format on the CODP website www.codp.org.uk

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